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ABSTRACT

This paper discusses issues concerning infant family day care in terms of data gathered at the Louis Child Care Center and other related studies. Topics covered are: (1) the need for family day care, (2) the form that services should take, (3) agency supervised family day care, (4) what family day care is, (5) the continuity of care from infancy to school age, (6) convenience to parents of a community based service and service for all age siblings, (7) the family model for day care and presence of male models in family day care homes, (8) employment opportunities for young mothers, and (9) the quality of care. The special advantages of family day care over group care are indicated, and it is noted that family day care has a personalized quality not found in group care. The day care home appears to benefit infants and toddlers particularly because less adjustment is required of the child and because there is opportunity for a more individualized continuous relationship between caregiver, parent, and child. The present criticism of family day care appears to be related to the quality of personnel rather than to the actual model involved. (GQ)

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DAY CARE - WHAT FORM SHOULD IT TAKE

DAY CARE: THE NEED

There are presently over six million children under the age of six who have working mothers (Keserling, 1972). While most of these children are cared for at home or in the home of relatives, the quality of care experienced in at least a portion of this group is questionable. Four percent of these children look after themselves! (Dept. of Labor, 1968) Mothers themselves state only a moderate satisfaction for in home arrangements or arrangements with relatives and a degree of this satisfaction seems to be related only to convenience. In contrast, they indicated the highest degree of satisfaction for professionally operated day care services (Ruderman, 1968).

DAY CARE: THE CONTROVERSY

Unfortunately the issue of what form these services shall take, especially with respect to infants, seems to be approaching a confrontation (at least in the minds of the professionals).

Home based family day care, operating in a style most akin to the child's natural family experiences, enjoyed a period of relative sanction. Presently, it is by far the most common out of home care used. Twenty percent of out of home care is provided in family day care, five percent in group day care. (Saunders, 1972). On the other hand group care because of its association with institutional care was thought of with a great deal of reservation. However, experimental programs on the group model were able to show no damage to the young child or infant (Keister, 1970; Cauldwell, 1973; Robinson, 1971) and presently the pendulum is beginning to swing in the other direction with criticism of family day care emerging (Saunders, 1972; Keserling, 1972; Willner, 1971).

Saunders presents data showing increased developmental quotients for infants in group care, with no such gain for infants in family day care. Keserling reports only six percent of the family day care homes in her sample provided superior care. Willner stated that mothers in his sample were generally dissatisfied with the quality of care their children received in family day care. In addition, family day care is being criticized for lacking an educational component.

AGENCY SUPERVISED FAMILY DAY CARE

It seems appropriate to point out however, that Saunders was comparing what were most likely two very disparate populations, and that Keserling's and Willner's samples were of free lancing day care mothers. Indeed much of the present criticism of family day care is based upon observations of settings in which there is neither professional support nor supervision. While model group care is of course just that, the best that "money can buy".

Recent reports have indicated support for what is termed the "potential" of family day care (Sale, 1973) and Keserling comments, too, that when it's good it's very good. It has been our experience that when an equivalent professional input is devoted to family day care this potential is actualized and it is indeed---very good.

It is our purpose here to first examine some of the recent challenges to family day care and then to describe some of the experiences of the Louise Child Care Center, a private non-profit organization which has been providing family day care in the Pittsburgh area since 1967.

WHAT IS FAMILY DAY CARE?

Unfortunately the Center and other advocates of family day care find themselves handicapped in their responses to present criticism by the paucity of published data in this area. What little there is tends to describe it in very general terms such as "based upon a family model, continuity of care from infancy to school age, siblings cared for in the same setting, a convenient "community based service" and so on". Some would even question these generalities (Saunders, 1972). For these reasons, we would like to attend to some of these basic issues, using data obtained from a retrospective study covering the period from January, 1972 to March, 1974, during which the Louise Child Care Center placed approximately 260 children in family day care homes.

CONTINUITY OF CARE FROM INFANCY TO SCHOOL AGE

Continuity of care, that is sameness of caretaker and sameness of setting in the child's day to day experience, should be a major consideration in developing a day care model. We feel that it is one of the prime indicators

of the quality of care provided. Therefore we focused first on this area. Obviously family day care has at least the potential of providing care to the child from infancy through to school age and even on to after school care; but is this potential in fact realized?

To answer this question (since this issue seems most critical in relation to infants) we confined our sample to 29 infants admitted to service prior to 12 months of age. The mean length of stay in service was 14.3 months. Twenty seven percent of these infants remained in service longer than two years. (two of these babies, remained for four years.)

We feel these last figures are the most telling statistic concerning continuity of care as they indicate the ability of a program to provide day care over a long period of time when it is needed by the parents.

However we found that there are many variables associated with continuity. Although quality of care, and thereby parent satisfaction is a significant factor, continuity is also affected by other variables such as: convenience of care, cost of care, geographic mobility of parents, child's age and emotional maturity, parents motivation in seeking service, continuity of day care mother staff, etc. We hope to deal with these variables in future publications and will leave this area with just a few comments on the day care mother.

Naturally related to continuity of care provided is the continuity of the caregiving staff. In our study we found that the mean length of stay of the 37 caregivers presently on staff at the Center was 27.5 months. Of this group four have been with the agency over three years, five for over five years.

A CONVENIENT COMMUNITY BASED SERVICE

Parents often relate that convenience of care is almost as significant to them as quality of care. Again family day care is theoretically the most flexible as far as hours of service and geographic location are concerned.

Checking the Centers records we found, in families presently being served (85), that approximately a third of the parents lived within walking distance of their family day care mother, that another third were located within the same community and that of the remaining third the majority were located either on the parents way to work or school, near their place of work or school or near the child's school.

In addition we noted that though most children were in service between the hours of 8:30 and 5:30, there was a significant amount of variation which was related to the parents work or school schedule.

SERVICE FOR ALL AGE SIBLINGS

Another area of concern, both from the perspective of convenience and ease of adjustment to day care, is the question of care for siblings. In all cases of families served during the period of the study the Center was able to provide day care for siblings in the same day care home when it was needed.

PRESENCE OF A MALE MODEL

It has often been stated that family day care offers an environment most related to the child's own family model. Central to this issue we feel is the presence of a male figure. In our study of the 37 agency supervised day care homes presently in operation at the Center, we found that in four out of five a male figure was present who could serve as a

model. For the purpose of this study we were not interested in a husband per se, but insisted that the figure be confined to men who were available as models to the children for at least one hour each day. This of course eliminated some working fathers who arrived at the day care homes after the children had already been picked up by their own parents.

EMPLOYMENT OPPORTUNITY FOR YOUNG MOTHERS

Another assumption concerning family day care as an opportunity for young mothers who wish to remain at home with their own children and to supplement their income was verified in this study. We found that 50% of the Center's day care mothers had pre-schoolers or schoolage children of their own.

QUALITY OF CARE

In light of this normative data we would like to consider briefly a recent study by Saunders and Keister, 1972 in which data was collected on an agency sponsored family day care program and on a university based infant group care program; a study, which according to the authors themselves, is not to be taken as a comparison, although they present the data from the two groups side by side. Some rather negative findings concerning family day care are presented in this study, material which is potentially damaging to the concept of home-based day care.

We question, however, the quality of the family day care program chosen for this study. In Saunders' sample one out of five (20%) of the infants studied remained in program less than three weeks and the average (median) length of stay was less than eight months. In our sample, of 29 infants under 12 months of age at placement, none remained for less than three weeks and the average (mean) length of stay was 14.3 months.

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In Saunders' study one infant had as many as six different day care placements. We had no such experience of gross discontinuity in our study.

There was also an excessive amount of discontinuity in relation to the caregiver's in Saunders' study. Approximately, one out of three dropped out of program in the first six months. In the Center's program, only one out of ten caregiver's are self-terminated prior to six months.

The adult to infant ratio (1:5) in this study is also highly questionable. In our study it was rare indeed for a day care mother to have more than one infant in her care.

These two groups of data, seem to indicate that quality of care varies a great deal from program to program and highlights the dangers of attempting generalizations and comparisons on the basis of limited observations.

We will now turn to what we feel to be some of the special advantages of family day care.

FAMILY DAY CARE: A LEARNING EXPERIENCE

There has been a great deal of effort on the part of those designing models of group care to duplicate the home setting within the Center. We feel that particularly for infants and toddlers that it is much easier to bring the "things" of the Center to the home than to duplicate the qualities of the home within the Center. All of the equipment so familiar to group care; the crayons, the paints, the puzzles can be, and in our program are, brought to the home. In this sense family day care may provide us with the best of both worlds.

Prescott, 1972 has recently completed an interesting study concerning

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these two worlds. She compares the learning experiences of children in family day care and children in group care. Family day care settings scored high in activities of creative exploring, both formal and informal conversation and dramatic play. However, they scored lower in formal cognitive activities, again, these were samples of unsupervised day care homes.

At the Center provisions are made for these more formal learning experiences. Each child is assessed developmentally for his strengths and weaknesses and individual play programs are designed for his needs by the caseworker and the day care mother.

In addition to this individualized programming, the family day care setting provides opportunities for the social learning experiences characteristic of small groups. It is not uncommon to see two or three year olds gathered around the kitchen table exchanging comments and crayons or building with blocks in the living room, indicating shared interest and an ability to engage in cooperative play which is socially precious when compared to their age mates, who have had no such similar experiences.

There are also learning benefits available in the mixed age groups characteristic of family day care which should not be overlooked. One area which immediately comes to mind is toilet training. In family day care one can observe two year olds being introduced to use of the potty chair via imitation of their older day care mates. This method is often relatively "painless" and less emotionally charged for the child.

THE PERSONALIZED QUALITY OF FAMILY DAY CARE

Certainly we have not come close to describing let alone identifying all of the learning experiences attributable to the family day care setting.

On the other hand perhaps we have unwittingly overemphasized this aspect of family day care. Unfortunately we all seem to be experiencing perhaps extreme pressures to provide an enriching cognitive milieu to the extent of risking inadequate attention to other equally important areas of development. We may soon approach the dangers of giving only lip service to the emotional needs of the child in day care, while limiting our goal to his intellectual development. We may even find ourselves fulfilling the need of the parent for convenient service at the expense of the child's need for continuity and a setting in which he may respond with a minimum of emotional demand for rapid adjustment to an unfamiliar and discordant experience.

We feel that family day care can respond to these needs in a number of ways. Ethnic matching is possible so that the small child especially the infant, experiences less cultural shock. Mothers can even be matched on the basis of child rearing techniques and in some cases even life style or personality. Parents are in fact free to request a transfer just on this basis of differing personalities or modes of care.

The Center has actually had a few cases in which mother is quite pleased with the quality of care her child experienced as an infant, but then requested a transfer for her two year old because she had a different set of expectations at this level. Quite a luxury we feel!

The client and the caregiver usually have a close relationship in family day care. This relationship often extends to include both families, who become personally involved, continuing their friendship past the termination of formal service. This contributes not only to the continuity of experience for the child, but has a mutually supportive

element for both families.

In addition because of the close relationship which frequently exist between the family day care mother and the child's mother, the day care mother is in a position to serve as a model, particularly for the young mother, without actually usurping that role from her.

THE DAY CAREGIVERS

Certainly a good day care giver is the key in providing quality care and we feel that one of the agency's major roles in sponsoring family day care is in maintaining just such a staff, while eliminating those who are unsuitable.

How an agency attracts and retains a core of talented day caregiver's is related of course to its hiring, firing and general personnel policies and is probably a study in itself. Certainly it requires support and supervision which is at least as sensitive as that required for "on site" staff.

At the Louise Child Care Center this involves three caseworkers and a supervisor who work full time to provide in home guidance, supervision and support for the day care mother. Additional training in the form of monthly "rap sessions" in which day to day strains, conflicts and joys are aired and takes place.*

Sensitive use is also made of videotapes taken in the homes so that the day care mother may view herself and her peers in action.

* These sessions are often supplemented by guest speakers with expertise in the particular area of Child Development and Child Care in which the day care mother indicates concern.

A NOTE ON THE LOUISE CHILD CARE CENTER

The Louise Child Care Center was founded in 1904 by the Ladies Auxiliary of the Methodist Church of Pittsburgh. It operated as a twenty-four hour care facility after a study by the Health and Welfare Association showed a greater community need for this type service. Again in the mid sixties after a study and request by Health and Welfare Association the Louise Child Care Center established the first Agency operated Family Day Care in Allegheny County. The actual administrative structure has changed very little during this time but there have been revisions in the training and support methods.

At present Louise Child Care Center is a private non-profit corporation with the prime business of providing day care in Allegheny County. The Board of Directors, made up of professionals, lay people and parents develop the policies and plans of the Center which are then put into action by the administrative staff. In the case of the Family Day Care Component the line of responsibility is from the Executive Director, to Social Work Supervisor to caseworkers, to day care mothers.

In addition to the family day care program the center also operates group day care facilities for approximately 40 three and four year olds.

Obviously we are aware of the benefits of group care. However we do feel that there are circumstances in which one form of day care is more advantageous than the other. Certainly older children thrive in group settings (there are exceptions even within this group) and there are instances when group care may prove to more advantageous for infants for example, when the mother is on site as in a school based program for teenage mothers.

So we do not wish to engage in the "controversy" mentioned at the opening of this article, we are merely stating that quality of care is not necessarily wedded to one particular model of care. Each is appropriate in varying degrees according to the particulars of the situation.

CONCLUSION

We have presented some normative data concerning family day care and in addition have indicated what we feel to be some of its special advantages. They boil down to two major points. The day care home can be programmed as well as the Center, but because of the home setting, we feel there is less adjustment required of the child. This is especially true for infants and toddlers. In addition there is opportunity for a more individualized continuous relationship between caregiver and consumer, both parent and child. Again, this is of particular significance for the infant and toddler.

These points may be thought of as pure potential. It is difficult for this potential to be achieved without professional input comparable to that provided in the present models of group care.

Present criticism of family day care, we feel is more related to the quality of this input than to the actual model of care.

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